

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

097857680

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
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50							100						
TOTAL							TOTAL						
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DEP.							DEP.						
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CLAIMS							CLAIMS						

BEST AVAILABLE COPY